

From:	(b)(3):10 USC 424; (b)(6)
To:	
Subject:	RE: LGM Topics for Tues
Date:	2020/02/24 18:39:55
Priority:	Normal
Type:	Note

(b)(3):10
USC 424;
(b)(6)

Classification: UNCLASSIFIED

(b)(3):10 USC 424; (b)(6)

Here are some suggested talking points for (b)(3):10 USC 424; (b)(6) for the LGM. The numbers from WHO have not been posted yet. I will wait another hour and if they are not out I will put in numbers for the 23rd. Please free to edit as you see fit. PLEASE DON'T send forward for another hour in case I can add new numbers from WHO.

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OVERVIEW on OSG Response Plan to Novel Coronavirus (COVID-19)
Talking Points for MS Leadership at the LGM 02/25/20

Talking Points

- **Only 50 days ago, the World Health Organization’s country office was notified of a cluster of cases of pneumonia of unknown cause in Wuhan city. In just seven weeks, this outbreak** (A disease outbreak happens when a disease occurs in greater numbers than expected in a community or region or during a season. An outbreak may occur in one community or even extend to several countries. It can last from days to years) **has captured the world’s attention, because it has the potential to cause severe political, social and economic upheaval.**
- **Novel Coronavirus is a new virus that causes respiratory illness in people and can spread from person to person. The virus was first identified during an investigation of an outbreak in Wuhan, Hubei Province, China in mid-December, 2019.**
- **On 30 January the World Health Organization declared it an outbreak of Public Health Emergency of International Concern (PHEIC). The goal of PHEIC is to mobilize researchers and clinicians to develop effective drug treatments and vaccines against the new virus which currently do not exist.**

- **DIA has been tracking Novel Coronavirus (also known as 2019 n-CoV Virus name), and COVID-19-name of illness) through NCMI Intel channels as it has done for other coronaviruses MERS/SARS, but more aggressively from a medical/epidemiologic perspective over the past six weeks.**
- **The symptoms of 2019 n-COV include: fever, cough, shortness of breath. Patients with COVID-19 have reportedly had mild to severe respiratory illness—severe complications have resulted in pneumonia and in some cases death. The current outbreak of COVID-19 has now spread internationally, impacting an increasing number of countries (add today's number) . Most often spread from person to person –this happens during close exposure to a person infected with 2019-n-COV mainly through respiratory droplets produced when an infected person coughs, similar to influenza viruses and other respiratory pathogens. These droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs.**
- **Out of an abundance of caution approach to protect the Safety and Health of the DIA workforce and maintain mission readiness we instituted a response plan announced by the Deputy Chief of Staff 30 January.**
- **In recent weeks this illness has become an Epidemic** (An epidemic occurs when an infectious disease spreads rapidly to many people.) Due to the increasing number of confirmed cases we must remain vigilant about containing the spread of the illness.
- **ADD NEW Numbers--The WHO provides daily Situation in Numbers— The Total number and new cases in the last 24 Hours are:**
 - Globally** 75,204 confirmed (1872 new)
 - China** 74,280 confirmed (1752 new), 2006 deaths (136 new)
 - Outside of China** 924 confirmed (120 new), 25 countries, 3 deaths
- **As of 02/19/20 –The total number of confirmed cases in the U.S. is 15 (with 13 determined as China being the likely source of exposure).**

- In yesterday's report by the WHO Director-General he stated it is far too early to make predictions about this epidemic. "We know that more than 80% of patients have mild disease and will recover. But the other 20% of patients have severe or critical disease, ranging from shortness of breath to septic shock and multi-organ failure. In 2% of reported cases, the virus is fatal, and the risk of death increases the older the patient is, and with underlying health conditions. WHO is working with Chinese counterparts to find answers to the severity of the disease, transmissibility of the virus, and the impact of measures taken thus far.
- **Three days ago Dr. Anthony Fauci (DR National Institute for Allergy and Infectious Diseases at the National Institutes of Health 02/17/20... stated it is on the "verge of becoming a Pandemic, (a pandemic is when you have multiple countries throughout the world that have what's called sustained transmission from person to person to person, spanning multiple generations), unless containment is more successful than it is right now."**
- He also said researchers are working on a vaccine, but a one-year timeline is very ambitious: "You can't do any better than that," Fauci said. "If you go any faster, you'll be cutting dangerous corners."

An influenza pandemic occurs when:

- • A new subtype of virus arises. This means humans have little or no immunity to it. Everyone is at risk.
- • The virus spreads easily from person to person, such as through sneezing or coughing.
- • The virus begins to cause serious illness worldwide. With past flu pandemics, the virus reached all parts of the globe within six to nine months. With the speed of air travel today, public health experts believe an influenza pandemic could spread much more quickly. A pandemic can occur in waves. And all parts of the world may not be affected at the same time.
- **While the epicenter of the epidemic is in China, we are now taking measures to control the potential spread of the disease guided by input from the U.S. Centers for Disease Control and Prevention, the World Health Organization through the pandemic alert system to include Hong and Korea.**

How many people die from a pandemic depends upon:

- • The number of people who become infected
- • The severity of disease caused by the virus (its virulence)
- • The vulnerability of affected populations
- • The effectiveness of preventive steps

- **This Infectious Disease Response Plan includes:**

- Home isolation (self-quarantine) for all DIA personnel returning from China and traveling through Hong Kong, and newly added KOREA for the 14 day incubation period of the illness.

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- Medical screening through the DIA HQ [redacted] clinics for all returning personnel before clearance to return to work at their duty location including (military, civilian, and contractors)

- Screening of “Visitors” entering DIA facilities for recent travel to China/Hong Kong and Korea- and a no admit policy for those who have returned within the past 14 days.

- All Hazards Working Group—consisting of organizational elements with stake in the game to prevent/control exposures and protect our workforce and assure mission readiness worldwide

- Updating the Pandemic Influenza/Emerging Pathogen Preparedness and Response Plan for COVID-19

- Providing technical support to organizational elements on personal protection equipment

- Ordering medical supplies and PPE

- Coordinating with local, state, federal entities –including DoD, IC—the number of cases of COVID-19 is expected to grow OCONUS and CONUS in the coming weeks.

- If it spreads in U.S. Communities this will trigger additional actions on the part of local/state/federal health authorities – school and business closings, quarantine locations, contact tracing—we want to ensure our workforce is well-informed. (NEW Bullet)

- **Risk Communication Information to the workforce on:**

- What you need to know about COVID-19, How to Stop the Spread of Germs, What to Do if you are sick with or suspect you may be sick with COVID-19, and What the public should do. And we have prepared Operational Guidance documents for special populations (e.g. DO/DI).

- **Daily SITREPS to DIA Senior Leadership**

- **We would be happy to provide additional details to the command element**
- **In the days, weeks, and months ahead we will continue to monitor the progression of the Disease, provide the best available information to leadership and the workforce and take efforts to control its spread ensuring the safety, health and readiness of our global team.**

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*Recent numbers on the emerging COVID-19 epidemic require additional protective measures for the DIA workforce. We are now including Korea in our administrative leave (14 day home-self isolation response plan) in addition to China and Hong Kong. This response also includes monitoring temperature twice daily (and recording) and call-in to the DIA-HQ clinic/soon to be [redacted] clinic as well for medical screening and medical clearance for return to work.

*We are using "credible sources" at WHO, CDC, National Institute of Health, Hopkins, and NCMI and IC partners to serve as the basis for informed, timely decision-making. We are at the next phase of pre-pandemic planning requiring additional risk communication to our workforce. It is highly likely the number of confirmed cases in the U.S. will increase over the coming weeks. The World Health Organization, and the Department of Health and Human Services have indicated high levels of concern (as an Outbreak of Public Health Emergency of International Concern, and a Public Health Emergency respectively). In the coming days we will inform the workforce how to prevent the spread of this illness from person to person, how local, state and federal agencies work to minimize exposures and

From: [redacted]

(b)(3):10 USC 424;
(b)(6)

Sent: Monday, February 24, 2020 12:15 PM

To: [redacted]

Subject: FW: LGM Topics for Tues
Importance: High

Classification: UNCLASSIFIED
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This is a briefing for the DR and all Senior Leaders.

From: [REDACTED]
Sent: Monday, February 24, 2020 10:51 AM
To: [REDACTED]

(b)(3):10 USC 424; (b)(6)

Cc: [REDACTED]

Subject: LGM Topics for Tues

Classification: UNCLASSIFIED
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MS Leaders,

Please send any talking points/topics that you would like [REDACTED] to consider for the LGM on Tues to MS HQ Exec Sec no later than 1500.

Thanks.

R,

[REDACTED]
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Sender:	(b)(3):10 USC 424; (b)(6)
Recipient:	
Sent Date:	2020/02/24 18:39:54
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